

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>met</i>		11/06/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	1m	TC864	6/11/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	8-3-01	
2	✓	8-3-01	
3	✓	8-3-01	
4	✓	8-3-01	
5	✓	8-3-01	
6	✓	8-3-01	
7	✓	8-3-01	
8	✓	8-3-01	
9	✓	8-3-01	
10	✓	8-3-01	
11	✓	8-3-01	
12	✓	8-3-01	
13	✓	8-3-01	
14	✓	8-3-01	
15	✓	8-3-01	
16	✓	8-3-01	
17	✓	8-3-01	
18	✓	8-3-01	
19	✓	8-3-01	
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21	✓	8-3-01	
22	✓	8-3-01	
23	✓	8-3-01	
24	✓	8-3-01	
25	✓	8-3-01	
26	✓	8-3-01	
27	✓	8-3-01	
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Claim	Final	Original	Date
27	✓	8-3-01	
28	✓	8-3-01	
29	✓	8-3-01	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

MS  
06/22/01